

THE CITY OF NEW YORK

VITAL RECORDS CERTIFICATE

CERTIFICATE OF BIRTH REGISTRATION

DATE FILED

THE CITY OF NEW YORK - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

NOVEMBER 12, 2015
10:17 PM

CERTIFICATE OF BIRTH

CERTIFICATE NO. 156-15-102636

1. NAME OF CHILD		(First, Middle, Last)			
		M F			
2. SEX	3a. NUMBER DELIVERED of this pregnancy	1	4a. DATE OF CHILD'S BIRTH	(Month) (Day) (Year - yyyy)	4b. Time
Male	3b. If more than one, number of this child in order of delivery	***	November 09, 2015	03:38	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
5. PLACE OF BIRTH	5a. NEW YORK CITY BOROUGH	5b. Name of Hospital or other facility (if not facility, street address)			
	Manhattan	NYU Langone Medical Center-Tisch			
5c. TYPE OF PLACE	<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Freestanding Birthing Center <input type="checkbox"/> Clinic/Doctor's Office <input type="checkbox"/> Home Delivery: Planned to deliver at home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Other-specify:				
6a. MOTHER/PARENT'S NAME (Prior to first marriage) (First, Middle, Last)	SEX	M F	6b. MOTHER/PARENT'S DATE OF BIRTH (Month) (Day) (Year - yyyy)	6c. MOTHER/PARENT'S BIRTHPLACE City & State or foreign country	
P H			01 / 07 / 1984	Israel	
7. MOTHER/PARENT'S USUAL RESIDENCE	7c. City or town	7d. Street and number	Apt. No.	ZIP Code	7e. Inside city limits of 7c?
a. State NY b. County Rockland	Monsey	185 Park Lane		10952	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
8a. FATHER/PARENT'S NAME (Prior to first marriage) (First, Middle, Last)	SEX	X M F	8b. FATHER/PARENT'S DATE OF BIRTH (Month) (Day) (Year - yyyy)	8c. FATHER/PARENT'S BIRTHPLACE City & State or foreign country	
J F			01 / 18 / 1984	Brooklyn, NY	
9a. NAME OF ATTENDANT AT DELIVERY			No Correction History.		
John Michael Migotsky					
9b. I CERTIFY THAT THIS CHILD WAS BORN ALIVE AT THE PLACE, DATE AND TIME GIVEN					
Signed <u>Rosemarie Cook</u>					
Name of Signer <u>Rosemarie Cook</u>					
Address <u>560 First Avenue New York, New York 10016</u>					
Date Signed <u>November 12</u> Year - yyyy <u>2015</u>					
Mother/Parent's Current (First, Middle, Last)					
Legal Name <u>Peri Felberbaum</u>					
Address <u>185 Park Lane</u>					
City <u>Monsey</u> State <u>NY</u> ZIP <u>10952</u>					

Above is a Certificate of Birth Registration for your child, which is sent without charge. The Department of Health and Mental Hygiene does not certify to the truth of the statements made herein, as no inquiry as to the facts has been provided by law. See reverse side for information on how to correct a birth record.

Este es el registro del certificado de nacimiento de su niño (a), se le ha mandado gratis. El Departamento de Salud no certifica la veracidad de la información en el certificado, así que ninguna investigación sobre los hechos ha sido prevista por la ley. Vea al lado reverso la información para corregir un certificado de nacimiento.



Bill de Blasio

MAYOR

Wang J. Hsueh

COMMISSIONER OF HEALTH AND MENTAL HYGIENE

John P. Eusebio

CITY REGISTRAR

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November 17, 2015



THE CITY OF NEW YORK

VITAL RECORDS CERTIFICATE

CERTIFICATE OF BIRTH REGISTRATION

DATE FILED

THE CITY OF NEW YORK – DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MAY 07, 2014
02:55 PM

CERTIFICATE OF BIRTH

CERTIFICATE NO. 156-14-038489

1. NAME OF CHILD		(First, Middle, Last)			
B F					
2. SEX	3a. NUMBER DELIVERED of this pregnancy	4a. DATE OF CHILD'S BIRTH	4b. Time		
Female	1	May 01, 2014	10:36	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
5. PLACE OF BIRTH	5a. NEW YORK CITY BOROUGH	5b. Name of Hospital or other facility (if not facility, street address)			
	Manhattan	The Mount Sinai Hospital			
5c. TYPE OF PLACE	<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Freestanding Birthing Center <input type="checkbox"/> Clinic/Doctor's Office <input type="checkbox"/> Home Delivery: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Other-specify: _____				
6a. MOTHER/PARENT'S NAME (Prior to first marriage)		6b. MOTHER/PARENT'S DATE OF BIRTH		6c. MOTHER/PARENT'S BIRTHPLACE	
(First, Middle, Last) SEX <input checked="" type="checkbox"/> M <input checked="" type="checkbox"/> F		(Month) (Day) (Year - yyyy)		City & State or foreign country	
P H		01 / 07 / 1984		Israel	
7. MOTHER/PARENT'S USUAL RESIDENCE	7c. City or town	7d. Street and number	Apt. No.	ZIP Code	7e. Inside city limits of 7c?
a. State b. County	Monsey	185 Park Lane		10952	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
NY Rockland					
8a. FATHER/PARENT'S NAME (Prior to first marriage)		8b. FATHER/PARENT'S DATE OF BIRTH		8c. FATHER/PARENT'S BIRTHPLACE	
(First, Middle, Last) SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		(Month) (Day) (Year - yyyy)		City & State or foreign country	
J F		01 / 18 / 1984		Brooklyn, NY	
9a. NAME OF ATTENDANT AT DELIVERY		<input checked="" type="checkbox"/> M.D. <input type="checkbox"/> RPA <input type="checkbox"/> D.O. <input type="checkbox"/> R.N. <input type="checkbox"/> Lic. Midwife <input type="checkbox"/> Other-Specify _____			
Victor M. Grazi					
9b. I CERTIFY THAT THIS CHILD WAS BORN ALIVE AT THE PLACE, DATE AND TIME GIVEN		<input type="checkbox"/> M.D. <input type="checkbox"/> RPA <input type="checkbox"/> D.O. <input type="checkbox"/> R.N. <input checked="" type="checkbox"/> Hosp. Admin. <input type="checkbox"/> Lic. Midwife <input type="checkbox"/> Other-Specify _____			
Signed <u>Anastasia Stekas</u>					
Signature Electronically Authenticated					
Name of Signer <u>Anastasia Stekas</u>					
(Type or Print)					
Address <u>One Gustave L. Levy Place New York, New York 10029</u>					
Date Signed <u>May 07</u> , Year - yyyy <u>2014</u>					
Mother/Parent's Current (First, Middle, Last)					
Legal Name <u>Peri Felberbaum</u>					
Address <u>185 Park Lane</u>		Apt. <u>****</u>			
City <u>Monsey</u> State <u>NY</u> ZIP <u>10952</u>					

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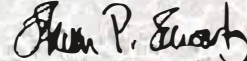
Este es el registro del certificado de nacimiento de su niño (a), se le ha mandado gratis. El Departamento de Salud no certifica la veracidad de la información en el certificado, así que ninguna investigación sobre los hechos ha sido prevista por la ley. Vea al lado reverso la información para corregir un certificado de nacimiento.



MAYOR



COMMISSIONER OF HEALTH AND MENTAL HYGIENE



CITY REGISTRAR

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May 9, 2014

